

X-Ray Technician Limited Permit Application**(Failure to use your full legal name may result in entrance into the examination being denied.)**

Last Name (Please Print)	First Name	Middle Name	
Date of Birth	Social Security Number	Phone Number	
Mailing Address		E-mail Address	
City	State	Zip Code	

Pursuant to the authority found in Section 114870 of the California Health and Safety Code and as required by Section 17520 of the California Family Code, providing the social security number is mandatory. The social security number will be used for purposes of identification. The information on this form may be provided to federal, state, or local agencies for law enforcement purposes. This information may also be provided to American Registry of Radiologic Technologists for examination purposes. For information or access to your records, contact the Certification Support Unit at the California Department of Public Health, Radiologic Health Branch, (CDPH-RHB), MS 7610, P.O. Box 997414, Sacramento, CA 95899-7414, (916) 327-5106.

Check the box for permit category: **Note: Use a separate application for each category requested.**

- ☐ **Chest radiography permit:** radiography of the heart and lungs.
- ☐ **Dental laboratory radiography permit:** radiography of the intra oral cavity, skull, hand, and wrist, for dental purposes.
- ☐ **Extremities radiography permit:** radiography of the upper extremities, including shoulder girdle, and lower extremities, excluding pelvis.
- ☐ **Gastrointestinal radiography permit:** radiography of the esophagus, stomach, small and large intestine, and biliary tract.
- ☐ **Genitourinary radiography permit:** radiography of the kidneys, ureters, urinary bladder, urethra, and internal and external genitalia.
- ☐ **Leg podiatric radiography permit:** radiography of the knee, tibia and fibula, and ankle and foot.
- ☐ **Skull radiography permit:** radiography of the bone and soft tissues of the skull and upper neck.
- ☐ **Torso skeletal radiography permit:** radiography of the shoulder girdle, rib cage and sternum, vertebral column, pelvis and hip joints.
- ☒ **X-ray bone densitometry permit: *Do not submit this form.*** Instead, use form CDPH 8232 BD, X-Ray Technician Bone Densitometry Permit Application.

Return this application with:

- ☐ A copy of your limited permit X-ray technician school graduation diploma,
- ☐ The non-refundable application fee of \$75.00 in the form of a check or money order payable to **CDPH-RHB**, and
- ☐ The non-refundable examination fee of \$70.00 in the form of a cashier's check or money order payable to **ARRT**, **if the application is postmarked prior to January 1, 2008.** (Personal or business checks are not accepted). **Effective January 1, 2008, ARRT will increase the examination fee to \$100.00. After January 1, 2008, do not send the examination fee to CDPH-RHB. A \$100.00 examination fee will be paid directly to ARRT after you receive a notification letter from CDPH-RHB.**

ARRT can schedule chest, extremities, skull, and/or torso-skeletal examinations in one setting for one fee. You may submit the chest, extremities applications together under a cover letter that states the combination of tests for which you wish to sit. On each application, attach a copy of your diploma and application fee. Attach these applications to the signed and dated cover letter.

X-Ray Technician Limited Permit Application

I certify that the information provided with this application is true and correct. I understand that the California Department of Public Health may revoke permits that are procured by fraud, misrepresentation, or mistake, or for the nonpayment of fees. Further, I am aware that it is unlawful to use X-rays on human beings in this state unless I have been granted a permit pursuant to the Radiologic Technology Act, acting within the scope of that permit, and under the supervision of a licensee of the healing arts who is a certified supervisor or operator.

Signature	Date
-----------	------

Mail application, supporting documents, and fee(s) to:

Accounts Receivable and Cashiering Unit
California Department of Public Health
Radiologic Health Branch, MS 7610
P.O. Box 997414
Sacramento, CA 95899-7414

CDPH-RHB Use Only	
Certificate Number:	
Class code:	
Date Issued:	
Issued by:	